|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Data** | | | | | | | | | | | |
| Name of Residential Facility: | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | |
| City: | |  | | | | | | | | | |
| Zip Code: | |  | | | | | | | | | |
| Contact Name: | |  | | | | | | | | | |
| Contact Title: | |  | | | | | | | | | |
| Contact Phone: | | ( ) Ext. | | | | | | | | | |
| Contact Email: | |  | | | | | | | | | |
| Total # of Students (with or without disabilities) | | | | |  | | | | | | |
| Is Facility a detention, correctional (including jail), or other secure pre- or post-adjudication adult or juvenile facility from which students are prevented from leaving by detention, corrections, or security personnel and mechanical barriers such as cells, secured windows and doors, and/or locked fences? | | | | | | | | | | | Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| **Student Data** | | | | | | | | | | | |
| SSN #: | |  | | | | | | | | | |
| First Name: | |  | | | | | | | | | |
| Middle Name: | |  | | | | | | | | | |
| Last Name: | |  | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | |
| Enrollment Date: | |  | | | | | | | | | |
| Campus # of Enrollment: | |  | | | | | | | | | |
| Home Campus # for RF: | |  | | | | | | | | | |
| Grade Level: | |  | | | | | | | | | |
| Is Student Educated Only with other RF Students? | | | | | | | Yes\_\_\_\_\_ No\_\_\_\_\_\_ | | | | |
| Does student require surrogate parent? | | | | Yes\_\_\_ No\_\_\_ | | | # of students assigned to this surrogate parent: | | | | |
| Length of Student's School Day (in minutes): | | | | | | |  | | | | |
| Length of Home Campus School Day for Non-Disabled Peers (in minutes): | | | | | | | |  | | | |
| Primary Disability: | | Secondary Disability: | | | | | | Tertiary Disability: | | | |
| Type of Other Health Impairment,: | | | | | | | |  | | | |
| Multiple Disabilities (per [TAC §89.1040(c)(6)):](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=2&ch=89&rl=1040) | | | | | | | | Yes\_\_\_\_\_ No\_\_\_\_\_\_ | | | |
| Instructional Arrangement | | | | | | | |  | | | |
| Instructional Arrangement prior to entering RF: | | | | | | | |  | | | |
| **Direct Related Services** | | | | | | | | | | | |
| Counseling Services?  Yes\_\_\_\_ No\_\_\_ | Occupational  Therapy?  Yes\_\_\_\_ No\_\_\_ | | Psychological  Services?  Yes\_\_\_\_ No\_\_\_ | | | Physical  Therapy?  Yes\_\_\_ No\_\_\_ | | | Social Work?  Yes\_\_ No\_\_ | Speech Therapy?  Yes\_\_ No\_\_ | |